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APPLICANTS *THIS APPL IS A CIP OF 09/841,165 ABN*  
 Johann F. Hellenkamp, Miami, FL; *WHICH IS CON OF 08/840,430 PAT. 6,296,649*  
*WHICH IS CON OF 08/598,180 PAT. 5,624,456*  
 \*\* CONTINUING DATA \*\*\*\*\* *AND A CIP OF 09/065,848 PAT. 6,007,553*  
*WHICH IS A CIP OF 08/845,171 PAT. 6,051,009*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\* *AND A CIP OF 09/690,204 PAT. 6,605,099*  
*WHICH IS A CON OF 09/433,478 PAT. 6,132,446*  
*AND A CIP OF 09/433,479 PAT. 6,527,788,*  
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/01/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>9m</i> Examiner's Signature Initials	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS  
 MALLOY & MALLOY, P.A.  
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TITLE  
 Automatic surgical device and control assembly for cutting a cornea

FILING FEE  RECEIVED 1242	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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